

9/11 Attack

Module 1: ASSESSMENT OF EXPOSURE TO THE EVENTS

1. **Were you *directly* exposed to the disaster of September 11?** By *directly*, I mean that you were in the vicinity of the World Trade Center or the Pentagon at the time the disaster occurred?

NO (if NO, skip to 2)
0

YES (please answer a and b)
1

- a. How strongly did you believe that your own life was threatened at the time?

Not at all
1

To some extent
2

Very much so
3

- b. Were you injured physically in any way, that is (a) you were burned or harmed by debris or (b) your ability to breathe, see, hear, or move about was impaired in more than a transient way?

Not at all
1

Yes, but not seriously
2

Yes, seriously
3

2. **Was your spouse or partner, any member of your family, or a close friend directly exposed to the disaster of September 11?** By *directly*, I mean that he or she was in the vicinity of the World Trade Center or the Pentagon or on one of the planes that crashed?

NO (if NO, skip to 3)
0

YES (please answer a and b)
1

- a. What was his or her or their relationship(s) to you? _____

- b. Did the person or any of the people you know lose their lives?

NO (please answer c - e)
0

YES (if YES, skip to 3)
1

- c. Beginning at the time you became aware of the disaster, which of the following statements best describes your experience?

I found out very soon that (he/she/they) had escaped. 1

Hours passed before I learned that (he/she/they) had escaped. 2

A day or more passed before I learned that (he/she/they) had escaped. 3

- d. Was he/she [were any of them] injured physically, that is (a) they were burned or harmed by debris or (b) their ability to breathe, see, hear, or move about was impaired in more than a transient way?

Not at all
1

Yes, but not seriously
2

Yes, seriously
3

- e. How frequently have you been called upon to provide support to (him/her/them)?

None or
Only a little
1

Sometimes
2

Often
3

Very often
4

3. **Were you exposed to the dead or the dying because of the kind of work you do?**

NO
0

YES
1

4. **Did you experience any of the following events as a result of the disaster of September 11?**

- a. Evacuation, that is, you were asked to leave your place of work or some other location because of fears for your safety?

NO	YES
0	1

- b. Were you stranded away from your home or your family because of the stopping of air travel?

NO	YES
0	1

- c. Were you laid off from your job as a direct result of the event?

NO (skip to d)	YES (please answer below)
0	1

For less than 1 month?	or More than 1 month?
1	2

- d. Was any other person upon whose income you depend laid off from his/her job as a direct result of the event?

NO (skip to e)	YES (please answer below)
0	1

For less than 1 month?	or More than 1 month?
1	2

- e. Did you lose a significant amount of money because of changes in the stock market or business interests in one of the affected companies?

NO	YES
0	1

- f. Did the objective demands placed upon you *increase* significantly because of the nature of your work or volunteer activities?

NO	YES
0	1

5. **Unfortunately, some people were affected by the disaster because of their ethnic heritage or religious background or other people's perceptions of their heritage or background.** Did you ever fear for your safety, well-being, or acceptance because of your ethnicity or religion or someone else's beliefs about your ethnicity or religion?

NO (if NO, skip to 6)	YES (please answer a - d)
0	1

- a. Were you harassed verbally?

NO	YES
0	1

- b. Did any one ever threaten to harm you physically?

	NO	YES
0	1	

- c. Did any one actually harm you physically?

NO	YES
0	1

- d. Did you change your normal activities because of your fear?

	NO	YES
0	1	